C=:11	1. (b): 1. 6										
	in this information to identify your cotor 1 Robert M. C										
	TODOIC III.	Ole			-						
	otor 2 use, if filing)				-						
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA		_						
	se number <u>20-11713</u>		_			Check if this is:					
(lí kr	own)					An amende	d filing				
							nt showing postpetition chapter as of the following date:				
<u>O</u>	fficial Form 106I					MM / DD/ YYYY					
S	chedule I: Your Inc	ome					12/15				
spor atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment	ır spouse is not filing wi	ith you, do not includ	e infon	mation a	bout your spo	use. If more space is needed,				
1.	Fill in your employment information.		Debtor 1	Debte			r 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed			☐ Emplo	yed				
			☐ Not employed			☐ Not er	nployed				
		Occupation	Welder/Stacker								
	Include part-time, seasonal, or self-employed work.	Employer's name	Hitran Corp								
	Occupation may include student	Employer's address									
	or homemaker, if it applies.		Flemington, NJ								
		How long employed to	here?								
Par	Give Details About Mor	nthly Income									
	mate monthly income as of the da se unless you are separated.	ate you file this form. If y	you have nothing to rep	ort for	any line,	write \$0 in the	space. Include your non-filing				
f you nore	u or your non-filing spouse have mo espace, attach a separate sheet to	ore than one employer, co	ombine the information	for all e	employer	s for that persor	n on the lines below. If you need				
					For	Debtor 1	For Debtor 2 or non-filing spouse				
2.	List monthly gross wages, sala deductions). If not paid monthly, or		2.	\$	4,013.25	sN/A					
3.	Estimate and list monthly overti		3.	+\$	0.00	+\$ <u>N/A</u>					
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	4,013.25	\$ <u>N/A</u>				

Debtor 1		Robert M. Cole			se number (if known)	20-11713					
	Cor	oy line 4 here	4.	F	or Debtor 1 4,013.25		ebtor 2 iling sp		-		
		-	7.	•	4,013.23			14/	7		
5.		all payroll deductions:	_	_		_					
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	-	646.69	\$		N/A			
	5c.	Voluntary contributions for retirement plans	5c.		0.00	\$		N/A	_		
	5d.	Required repayments of retirement fund loans	5d.		<u>0.00</u> 345.37	\$		N/A N/A			
	5e.	insurance	5e.		420.66	\$		N/A			
	5f.	Domestic support obligations	5f.	S	0.00	š—		N/A			
	5g.	Union dues	5g.	-	0.00	\$		N/A	_		
	5h.	Other deductions. Specify:	5h.			+ \$		N/A			
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	 6.	\$	1,412.72	\$		N/A	_		
7 .	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,600.53	\$		N/A	<u> </u>		
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	s	0.00	s		N/A			
	8b.	Interest and dividends	8b.	Š	0.00	š—		N/A			
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A	_		
	8d.	Unemployment compensation	8d.	\$	0.00	\$		N/A			
	8e.	Social Security	8e.	\$	0.00	\$	_	N/A			
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$		N/A			
	8g.	Pension or retirement income	8g.		0.00		· · · · · ·	N/A			
	8h.	Other monthly income. Specify: Income Tax Refund	_ 8h.	+ \$	79.00	+		N/A			
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	79.00	\$		N//	A		
10	Calc	culate monthly Income. Add line 7 + line 9.	10. \$		2,679.53 + \$		N/A =		2,679.53		
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		·	2,679.55		IVA		2,073.00		
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00										
12.		the amount in the last column of line 10 to the amount in line 11. The result in the summary of Schedules and Statistical Summary of Certain ies					12.	s	2,679.53		
								ombi			
13.	Doy	rou expect an increase or decrease within the year after you file this form?	?				n	nonthi	ly income		
		No. Yes. Explain:									
		I WY, MONIGHI.									